FCC Form 525 OMB Control No. 3060-0986 January 2005

FCC Form 525 High Cost Mechanism Competitive Carrier Line Count Report

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING FCC FORM 525 ON ITS OWN BEHALF:

Certification of Officer or Employee as to the Accuracy of the Data Reported in FCC Form 525, Line Count Report for Competitive Carriers, on Behalf of Reporting Carrier				
I certify that I am an officer or employee of Form 525; and, to the best of my knowledg	the reporting carrier; my re- e, the information reported	sponsibilities include ensuring the accuracy on this form is accurate.	of the actual line count	data reported on FCC
Name of Reporting Carrier: HTC Communications	LLC	100 mm m		
Service Provider Identification Number: 14303261				
Signature of authorized officer or employee: CERT				Date: 07/31/2008
Printed name of authorized officer or employee: M				
	CFO			
nue of position of defines and a section of the sec				
Telephone number of authorized officer or employe Study Area Code of Reporting CETC	249004	Filing Due Date for this form (mm/dd/yyyy)	06/30/2008	
	nts on this form can be pun imprisonment under T	ished by fine or forfelture under the Commu itle 18 of the United States Code, 18 U.S.C. §	nication Acts of 1934, 43 3 1001.	7 U.S.C. §§ 502, 503(b), or fine or

FCC Form 525 High Cost Support Mechanism Competitive Carrier Line Count Report

NOTICE: Sections 54.307(b) and 54.802(a) of the Federal Communications Commission's rules requires all competitive eligible telecommunications carriers to provide line count information to USAC, the universal service Administrator, in order to be eligible to receive support. Pursuant to Sections 54.307(c) and 54.802(a), this information must be submitted by support mechanism on a quarterly basis in accordance with the incumbent carrier's line count reporting schedule. This collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. §254. The data in the form will be used to calculate the amount of support, if any, that each reporting carrier is eligible to receive from the High Cost support mechanisms.

We have estimated that each response to this collection of information will take, on average, 5 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0986). We also will accept your comments via the Internet if you send them to Judith-B.Herman@fcc.gov. Please DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.

Remember -- You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0986.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information that you provide to determine High Cost support amounts for competitive eligible telecommunications carriers. If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule, or order, your form may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order. In certain cases, the information in your form may be disclosed to the Department of Justice, court, or other adjudicative body when (a) the Commission; (b) any employee of the Commission; or (c) the United States government, is a party to a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on this form, you are not eligible to receive support under the High Cost support mechanisms, 47.C.F.R. §§ 54.307 and 54.802.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, P.L. No. 104-13, 44 U.S.C. § 3501, et seq.



April 11, 2008

USAC Billing and Disbursement Attn: FCC From 498 2000 L Street, N.W. Suite 200 Washington, DC 20036



I wish to request a new SPIN from USAC:

HTC Communications, LLC's wireless subsidiary has recently been designated as a CLEC- Eligible Telecommunications Carrier by the state of South Carolina. As required by the FCC, we are requesting a new SPIN be assigned.

I certify that I have provided the information on the attached Service Provider identification Number and Contact Information Form and to the best of my knowledge, information and belief, all information contained in this is true and that said form is an accurate statement of the affairs of the above-named provider.

Service Provider Number

Signature /

Date_

Printed name of Authorized person: M. O'Neal Miller, Jr.

Title or position of authorized person: Chief Executive-Financial Operations

Reason for New SPIN: Recently approved as a CETC in the state of South Carolina

Save time, avoid problems. File electror	ically at https://forms.universalservice.org
FCC Form 498	Approval by OMB 3060-0824
Service Provider Identification I	Number and Contact Information Form
Estimated Average Bure	ien Hours Per Response: 1.5 hours
universal service support mechanisms. For greater flexibility, this all their program and remittance data collected for each of the for changes to this information on a revised FCC Form 498 to preven Persons willfully making false statements on this form can be punit	nent information for service providers that receive support from the Federal form allows service providers to use the same General Contact information for ur support mechanisms, or multiple remittance addresses. Please report any any delays in notification and the timeliness of disbursements on their behalf, shed by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, e 18 of the United States Code, 18 U.S.C. Sec. 1001.
	niversalservice.org/forms, before beginning this application.
Please of Original Application for SPIN	heck one box below. Revision to existing Form 498 on file with USAC
	(Requests for revisions to an existing Form 498 must be signed by the General Contact or an officer of the company.)
	See Instruction Section III.A
Service Provider Identification Number (SPIN) (To be inserted by USAC for first time applicants. Required for	
499 Filer ID 806994	
(Must be indicated if your company is required to file the F	CC form 499)
Block 1: General Company Informatio 1 HTC Communications, LLC Company Name	n [All Fields REQUIRED] See Instruction Section III.B
2 HTC Communications, LLC	
Name Company is Doing Business As (DBA) or Formerly Kno 3 3480 Hwy. 701 North Street Address	wn As (FKA)
Address Line 2	
	29526
City State	Zip Code
Block 2: General Contact Information	[All Fields REQUIRED] See Instruction Section III.C
	d to make certifications on behalf of the company with respect to the support e remittance information for any of the four support mechanisms. For
evisions, if the current General Contact is no longer available, the l ontact is no longer available or has left the organization; state the	etter of certification must: State the name of the former contact; state that the name of the new contact; and be signed by an officer of the company.
	: Jones 9 Director
General Company Contact Person Name 10 (843) 3ω9 - 338ω 11 (843	
Phone Number Ext. Fax Nu 12 3480 Hwy. 701 North	mber
Street Address	
Address Line 2	
14 Conway 15 SC 16	29.57 6 Zip Code
17 Sherri jones @ htcinc.net	'
E-mail Address of General Contact-Used for Return Confirmat Block 3: Federal Employer Identification	
18 6 5 - 1 2 7 - 1 5 0 8	19 Corporation Partnership Other
Enter Federal Identification Number, or Tax ID Number.	(Check applicable corporate structure.)

This page is for High Cost Support Mechanism participants only. For more information about the High Cost Support Mechanism, please refer to: www.universalservice.org/hc/

Block 4: High Cost Support Mechanism Banking and Remittance
Payment Information
See Instruction Section
Remittance information is the address to which USAC will send payments.
Check this box if this information is the same as the Company Name (Block 1) and General Contact information (Block 2) and continue on to lines 30 to 32
as LITE Communications 110
20 HTC Communications, LLC Remittance Company Name
Remittance Contact Name- Checks will be sent to Remittance Contact's attention Title
23 P.O. Box 1820
Remittance Address 24
Address Line 2
25 Conway 26 SC 27 29528-1820
City State Zip Code
28 (843) 349 - 8138 29 (843) 3x5 - 1999
Phone Number Ext Fax Number 30
Remittance Bank for ACH or locked box transfer of funds
31 32
Bank Account Number for ACH ACH Bank Transit Number (must be nine digits)
33 voni jordan @ htcinc.net
Email Address of Remittance Contact (Required if participating in the High Cost Support Mechanism)
Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements
(If you do not check this box, your remittance statements will be sent to your e-mail address)
, , , , , , , , , , , , , , , , , , , ,
Block 5: Company Contact for High Cost Support Mechanism
See Instruction Section 1
Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 6.
Check this box it has internation is the same as the General Contact Information (Dipck 2) and continue on to Block 6.
34 First: Middle Initial: Last: 35
Contact Name for High Cost Support Mechanism Title
(Must be a company employee or designated representative)
36 Control Address for Villah Control Machine
Contact Address for High Cost Support Mechanism 37
Address Line 2
38 39 40
City State Zip Code
41 ()
Phone Number Ext Fax Number 43
E-mail Address of Contact

This page is for Low Income Support Mechanism participants only. For more information about the Low Income Support Mechanism, please refer to: www.universalservice.org/li/

<u> </u>	
Block 6: Low Income Support Mech	anism Banking and Remittance
	•
Payment Information	
	See Instruction Section III.G
Remittance information is the address to which USAC will send ;	payments.
Check this box if this information is the same as the Company Name	e (Block 1) and General Contact information (Block 2) and continue on to lines 54-56.
-	
44 HTC Communications, LLC	
Remittance Company Name	
	.ast: Jordan 46 Acountant
Remittance Contact Name- Checks will be sent to Remittar	
47 P.O. Box 1820	io omato atomo.
Remittance Address	
48	
Address Line 2	
49 CONWAY	50 SC 51 29578 - 1820
City	50 SC 51 29578 - 1820 State Zip Code
52 (843) 369-8138	53 (843) 365-1999
Phone Number Ext	Fax Number
54	rax Number
Remittance Bank for ACH or locked box transfer of funds	
55	56
Bank Account Number for ACH	ACH Bank transit Number (must be nine digits)
57 joni jordan @ htcinc net	
Exhail Address of Remittance Contact (Required if participation)	ating in the Low Income Support Mechanism)
· · · · · · · · · · · · · · · · · · ·	
Check this box if you are requesting mailed paper copy	statements instead of electronic remittance statements
(If you do not check this box, your remittance statement	· · · · · · · · · · · · · · · · · · ·
•	
Block 7: Company Contact for Low I	nacma Cunnert Machaniam
stock 7. Company Contact for Low i	• •
	See Instruction Section III.H
Check this box if this information is the same as the General Contac	t information (Block 2) and continue on to Block 8.
	
58 First: Middle Initial:	.ast: 59
Contact Name for Low income Support Mechanism	Title
(Must be a company employee or designated representativ	
60	-,
Contact Address for Low Income Support Mechanism	
61	
Address Line 2	
62	63 64
City	63 64 7/2 Code
•	State Zip Code
65 ()	66 ()
Phone Number Ext	Fax Number
67	
E-mail Address of Contact	

This page is for Rural Health Care Support Mechanism participants only. For more information about the Rural Health Care Support Mechanism, please refer

to: www.rhc.universalservice.org/				
Block 8: Rural Health Care Support Mechanism Banking and Remittance				
Payment Informati		or Mechanisi	in Danking and Hemittance	7
rayment informati	1011		See Ins.	truction Section III.I
Remittance information is the ad	ddress to which USAC will s	send payments.		
Charles the hour Markin indicate		New Oles Area Comme	Control (stresses) (Display)	# 70.00
Check this box it this interna	ation is the same as the Company	rivarne (block 1) and Genera	al Contact information (Block 2) and continue on to lines	\$ # /6-6U.
68				
Remittance Company Nan 69 First:	te Middle Initial:	Last:	70	
Remittance Contact Name	- Checks will be sent to Rer			-
71 Remittance Address			and the same of th	
72				
Address Line 2				
73 City		74 State	75 Zip Code	
76 ()		77 ()	2ip 000e	
Phone Number	Ext	Fax Number		
78 Remittance Bank for ACH	or locked box transfer of fur	nds		
79		80		
Bank Account Number 81	for ACH	ACH Bank	k transit Number (must be nine digits)	
	nce Contact (Required if pa	rlicipating in the Rural I	Health Care Support Mechanism)	
_			•	
			d of electronic remittance statements	
(ii you do not check this	s box, your remittance state	aments will be sent to y	our e-man address)	
Block 9: Company	y Contact for Ru	ıral Health Ca	re Support Mechanism	
			See Inst	ruction Section III.J
Check this box if this informa	llion is the same as the General C	Contact information (Block 2)	and continue on to Block 10,	
82 First:	Middle Initial.	Loot	83	
Contact Name for Rural He	Middle Initial: ealth Care Mechanism -	Last:	Title	-
(Must be a company emplo	yee or designated represer	ntative)		
Contact Address for Rural 1	Health Care Support Mecha	nisi		
85	The state of the s			_
Address Line 2			0.9	_
City		87 State	88 Zip Code	- [
89 ()		90 (—	_
Phone Number 91	Ext	Fax Number		
E-mail Address of Contact				-
				

This page is for Schools and Libraries Support Mechanism participants only. For more information about the Schools and Libraries Support Mechanism, please refer to: www.sl.universalservice.org/ Block 10: Schools & Libraries Support Mechanism Banking and Remittance Payment Information See Instruction Section III.K Remittance information is the address to which USAC will send payments. Check this box if this information is the same as the Company Name (Block 1) and General Contact information (Block 2) and continue on to lines # 102-104. Remittance Company Name Middle Initial: Last Remittance Contact Name- Checks will be sent to Remittance Contact's attention Remittance Address Address Line 2 97 City State Zip Code 100 (Phone Number Fax Number 102 Remittance Bank for ACH or locked box transfer of funds 103 Bank Account Number for ACH ACH Bank Transit Number (must be nine digits) 105 E-mail Address of Remittance Contact (Required if participating in the Schools and Libraries Support Mechanism) Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements (If you do not check this box, your remittance statements will be sent to your e-mail address) Block 11: Company Contact for Schools and Libraries Support Mechanism See Instruction Section III.L Check this box if this information is the same as the General Contact Information (Block 2) and continue on to Block 12. Middle Initial: Contact Name for Schools and Libraries Mechanism Title (Must be a company employee or designated representative) 108 Contact Address for Schools and Libraries Support Mechanism 109 Address Line 2 110 City State Zip Code 113 Phone Number Fax Number Ext

E-mail Address of Contact

Block 12: Netting Disbursement Payments Again	st Federal Universal Service
Contribution Obligations	
In accordance with FCC rule Part 54.515, USAC will offset service provider Scheagainst the provider's Federal universal service contribution obligation at the pro- Support Mechanism distribution FCC rule Part 54.611, states that service provided must be netted; this is mandatory for participation in the Rural Health Care Support Scheagainst that have their FCC Form 499 Filer ID number may participate. If you have an FCC Form Filer ID number, visit www. universalservice.org/forms and see issued a SPIN.	ovider's request. In addition, the Rural Health Care fler Rural Health Care Support Mechanism payments out Mechanism. ONLY telecommunications ou provide telecommunications services and do not
116 Yes, I want my Schools and Libraries Support Mechanism disbur- universal service contribution obligations. This box must be chec The default is "No."	
Block 13: Principal Communications Business Co	ode [REQUIRED Field]
CAP - Competitive Access Provider/ Competitive Local Exchange Carrier CEL - Cellular/PCS/SMR DAT - Wireless Data ISP - Internet Service Provider IXC - Interexchange Carrier PRIV - LEC - Incumbent Local Exchange Provider LEC - Incumbent Local Exchange Provider SAT - S LRES - Local reseller NTP - Non-Traditional Provider OSP - Operator Service OTHL - Other Local Choose ONE code from the list above. Enter Here. Block 14: Authorized Contact Signature [All Field] I understand that both the General Contact and an officer of the company must sign be or an officer of the company is authorized to make revisions to an existing FCC Form 48 to find my knowledge that data set forth in this form is true, accurate, and complete. Incom it being returned to the General Contact and the form will not be processed. A certificathe FCC Form 498 (Found on page 19 of instructions). Persons willfully making false sets of the company is all fully making false sets.	See Instruction Section III.N Other Mobile Other Toll Paging/Messaging Payphone Service Provider Pre-paid Card Private Sector Provider Satellite MR dispatch Shared Tenant Service Provider Toll Reseller See Instruction Section III.O elow for a new SPIN application. Only the General Contact 498. No other persons are permitted to make changes to f the above-named service provider, and certify to the best splete information or incorrect filling of this form will result in tion letter on company letterhead must be attached with statements on this form can be punished by fine or
forfeiture, under the Communications Act, as amended, 47 U.S.C. secs. 220(e), 502, 5	03(b), or tine or imprisonment under little 18 of the United
States Code, 18 U.S.C. Sec. 1001. Signature of General Contact	April 11,2008
First: Shern Middle Initial: O Last: Jones	
Printed Name Director - Corporate Accounting Title Signature of the Company Officer	Sherri jones @ htcinc net E-mall address April 11,2008
First: M. O'Neal Middle Initial: Last: Miller, Jr.	
Printed Name CFO	Oneal miller @ htcinc.net

Form (Rev. November 2005)

Department of the Treasury

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

ge 2	HTC Communications, LLC			
on page	Business name, if different from above		· , , , , , , , , , , , , , , , , , , ,	
Print or type Specific Instructions	Check appropriate box: ☐ Individual/ ☐ Corporation ☐ Partnership ☑ Other ►	LLC	Exempt from backup withholding	
at t	Address (number, street, and apt. or suite no.)	Requester's name and	address (optional)	
문문	P O Box 1820			
Ę	City, state, and ZIP code			
ĕ	Conway, SC 29528			
See S	List account number(s) here (optional)			
Par	Taxpayer Identification Number (TIN)			
Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter. Part II Certification				
	r penalties of perjury, I certify that:			
	he number shown on this form is my correct taxpayer Identification number (or I am waiting I	for a number to be is	ssued to me), and	
2. I i				
3. la	am a U.S. person (including a U.S. resident alien).			
withhi For m arrang	Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply, for mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)			

Purpose of Form

Signature of

U.S. person ▶

Sign

Here

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States.
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

The U.S. owner of a disregarded entity and not the entity,

Jordan, Joni

From:

Jones, Sherri

Sent:

Monday, April 21, 2008 3:58 PM

To:

Jordan, Joni

Cc:

Gerrald, Crystal

Subject: FW: 498 SPIN Rejection

Joni,

Can you put this together, please.

Thanks Sherri

From: BCD Customer Service [mailto:bcd.customerservice@usac.org]

Sent: Monday, April 21, 2008 3:23 PM

To: Jones, Sherri

Subject: 498 SPIN Rejection

Company Name: HTC Communications, LLC

SPIN: New

Reference # PM191633

Dear Sherri O. Jones,

We have received your request for a new Service Provider Identification Number (SPIN). We are unable to process your application for the following reason(s):

- Block 4 Line 23 and Block 6 Line 47: P.O. Boxes are not permitted as the primary street address.
- Block 14, General Contact signature is missing. This is required for new SPIN requests.

In order to process your request you will need to submit a new application and certification letter to the address below.

USAC

Attn: Form 498 2000 L Street NW Suite 200 Washington, DC 20036

The FCC form 498 is located on the USAC website: http://forms.universalservice.org The instructions and certification letter for the FCC form 498 are available here: http://www.universalservice.org/sl/tools/requiredforms.aspx

Please contact the Customer Support Center at 888-641-8722, option 3 for any assistance with this form.

Thank you,

USAC Billing, Collections and Disbursements **Customer Support Center**



April 28, 2008

USAC Billing and Disbursement Attn: FCC From 498 2000 L Street, N.W. Suite 200 Washington, DC 20036



I wish to request a new SPIN from USAC:

HTC Communications, LLC's wireless subsidiary has recently been designated as a CLEC-Eligible Telecommunications Carrier by the state of South Carolina. As required by the FCC, we are requesting a new SPIN be assigned.

I certify that I have provided the information on the attached Service Provider identification Number and Contact Information Form and to the best of my knowledge, information and belief, all information contained in this is true and that said form is an accurate statement of the affairs of the above-named provider.

Service Provider Number:

Ciamotumo M Chu

Date 4/28/08

Printed name of Authorized person: M. O'Neal Miller, Jr.

Title or position of authorized person: Chief Executive-Financial Operations

Reason for New SPIN: Recently approved as a CETC in the state of South Carolina

FCC Form 498	s. File electronically at https://forms.universalservice.org
	Approval by OMB 3060-0824
	tification Number and Contact Information Form ed Average Burden Hours Per Response: 1.5 hours
universal service support mechanisms. For grea all their program and remittance data collected changes to this information on a revised FCC Fo Persons willfully making false statements on this	tittance, and payment information for service providers that receive support from the Federal ster flexibility, this form allows service providers to use the same General Contact information for for each of the four support mechanisms, or multiple remittance addresses. Please report any rm 498 to prevent any delays in notification and the timeliness of disbursements on their behalf, form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, comment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.
Please read instructions, located	at: http://www.universalservice.org/forms, before beginning this application.
Original Application for SPIN	Please check one box below. Revision to existing Form 498 on file with USAC
	(Requests for revisions to an existing Form 498 must be signed by the General Contact or an officer of the company.)
	See Instruction Section III.A
Service Provider Identification Number (S (To be inserted by USAC for first time applications)	PIN)
499 Filer ID 8069944 (Must be indicated if your company is req	uired to file the FCC form 499)
Block 1: General Company I	Information [All Fields REQUIRED] See Instruction Section III.B
1 HTC Communications, L	
Company Name	
2 HTC Communications, L. Name Company is Doing Business As (DBA)	or Formerly Known As (FKA)
3 3480 Hwy. 701 North Street Address	
Sireet Address	
4	
Address Line 2	7. 0000
5 Conway 6 SC	7 29526 Zip Code
5 Conway 6 SC City State	Zip Code
5 Conway 6 SC City State	Zip Code formation [All Fields REQUIRED]
5 Conway 6 SC City State	Zip Code
5 Conway 6 SC City State Block 2: General Contact Interpretation	Zip Code formation [All Fields REQUIRED] See Instruction Section III.C
Slock 2: General Contact Inthe General Contact should be an officer of the chechanisms. Only the General Contact listed bei	Tip Code formation [All Fields REQUIRED] See Instruction Section III.C ompany authorized to make certifications on behalf of the company with respect to the support ow can change the remittance information for any of the four support mechanisms. For
Slock 2: General Contact Into the General Contact should be an officer of the chechanisms. Only the General Contact listed belowisions, if the current General Contact is no long	Tip Code formation [All Fields REQUIRED] See Instruction Section III.C company authorized to make certifications on behalf of the company with respect to the support ow can change the remittance information for any of the four support mechanisms. For per available, the letter of certification must: State the name of the former contact; state that the
Slock 2: General Contact Into the General Contact should be an officer of the chechanisms. Only the General Contact listed belowisions, if the current General Contact is no long	Tormation [All Fields REQUIRED] See Instruction Section III.C company authorized to make certifications on behalf of the company with respect to the support ow can change the remittance information for any of the four support mechanisms. For per available, the letter of certification must: State the name of the former contact; state that the lization; state the name of the new contact; and be signed by an officer of the company.
Block 2: General Contact Into the General Contact should be an officer of the chechanisms. Only the General Contact listed belovisions, if the current General Contact is no long contact is no longer available or has left the organ and series. Shere: Middle Initia General Company Contact Person Name	See Instruction Section III.C ompany authorized to make certifications on behalf of the company with respect to the support ow can change the remittance information for any of the four support mechanisms. For per available, the letter of certification must: State the name of the former contact; state that the lization; state the name of the new contact; and be signed by an officer of the company. al: O. Last: Jones 9 Director Title
Slock 2: General Contact Into the General Contact should be an officer of the chechanisms. Only the General Contact listed belovisions, if the current General Contact is no long contact is no longer available or has left the organ and specific structures. Middle Initia General Company Contact Person Name 10 (843) 369-8386	Title Zip Code See Instruction Section III.C To support when support mechanisms. For ger available, the letter of certification must: State the name of the former contact; state that the sization; state the name of the new contact; and be signed by an officer of the company. See Instruction Section III.C Title 11 (843) 365-1999
Slock 2: General Contact Interpretation of the check and the General Contact Interpretation of the check and the current General Contact is no long contact is no longer available or has left the organ of the contact is no longer available or has	See Instruction Section III.C ompany authorized to make certifications on behalf of the company with respect to the support ow can change the remittance information for any of the four support mechanisms. For per available, the letter of certification must: State the name of the former contact; state that the lization; state the name of the new contact; and be signed by an officer of the company. al: O. Last: Jones 9 Director Title
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State Slock 2: General Contact Information of the General Contact Information of the General Contact Information of the Contechanisms. Only the General Contact listed below is inns, if the current General Contact is no long contact is no longer available or has left the organ of the General Company Contact Person Name 10 (843) 369-8386 Phone Number Ext. 12 3480 Hwy, 101 Nov+h Street Address 13 Address Line 2 14 Conway 15 SC	Title Title Zip Code See Instruction Section III.C See Instruction III.C See Instruct
State Block 2: General Contact Information in the General Contact should be an officer of the chechanisms. Only the General Contact listed belowisions, if the current General Contact is no long ontact is no longer available or has left the organ and the state of the checkanisms. Middle Initial General Company Contact Person Name 10 (843) 369-8386 Phone Number Ext. 12 3480 Hwy, 101 Novth Street Address 13 Address Line 2 14 Conway 15 SC State 17 Sherri Lones & htcinc. In	See Instruction Section III.Co company authorized to make certifications on behalf of the company with respect to the support ow can change the remittance information for any of the four support mechanisms. For per available, the letter of certification must: State the name of the former contact; state that the dization; state the name of the new contact; and be signed by an officer of the company. al: O. Last: Jones 9 Director Title 11 (843) 365-1999 Fax Number 16 29526 Zip Code
State Block 2: General Contact Interpretations of the carechanisms. Only the General Contact listed belowisions, if the current General Contact is no long ontact is no longer available or has left the organ spiritual of the contact is no longer available or has left the organ spiritual of the current General Contact is no longer available or has left the organ spiritual of the contact Person Name (843) 369-8386 Phone Number Ext. 12 3480 Hwy, 101 Novth Street Address 13 Address Line 2 14 Conway 15 SC City State 17 Sherri Jones & htcinc referred Contact-Used for	See Instruction Section III.Co company authorized to make certifications on behalf of the company with respect to the support ow can change the remittance information for any of the four support mechanisms. For per available, the letter of certification must: State the name of the former contact; state that the nization; state the name of the new contact; and be signed by an officer of the company. alt: O. Last: Jones 9 Director Title 11 (843) 365-1999 Fax Number 16 29526 Zip Code Return Confirmations
State Block 2: General Contact Interpretations of the carechanisms. Only the General Contact listed belowisions, if the current General Contact is no long ontact is no longer available or has left the organ spiritual of the contact is no longer available or has left the organ spiritual of the current General Contact is no longer available or has left the organ spiritual of the contact Person Name (843) 369-8386 Phone Number Ext. 12 3480 Hwy, 101 Novth Street Address 13 Address Line 2 14 Conway 15 SC City State 17 Sherri Jones & htcinc referred Contact-Used for	See Instruction Section III.Co company authorized to make certifications on behalf of the company with respect to the support ow can change the remittance information for any of the four support mechanisms. For per available, the letter of certification must: State the name of the former contact; state that the dization; state the name of the new contact; and be signed by an officer of the company. al: O. Last: Jones 9 Director Title 11 (843) 365-1999 Fax Number 16 29526 Zip Code

This page is for High Cost Support Mechanism participants only. For more information about the High Cost Support Mechanism, please refer to: www.universalservice.org/hc/

Block 4: High Cost Support Mechanism Banking and Remittance	
Payment Information	
See Instruction Section	on III.E
Remittance information is the address to which USAC will send payments.	
Check this box if this information is the same as the Company Name (Block 1) and General Contact information (Block 2) and continue on to lines 30 to 32.	
20 HTC Communications, LLC	
Remittance Company Name 21 First: Joni Middle Initial: Last: Jordan 22 Accountant Remittance Contact Name- Checks will be sent to Remittance Contact's attention Title	
Remittance Address	
24	
Address Line 2 25 Conway 26 SC 27 29526	
City State Zip Code	
28 (843) 369-8138 29 (843) 365-1999	
Phone Number Ext Fax Number	
Remittance Bank for ACH or locked box transfer of funds	
31 32	
Bank Account Number for ACH ACH Bank Transit Number (must be nine digits)	
33 joni jordania htcinc.net	
Exhail Address of Remittance Contact (Required If participating in the High Cost Support Mechanism)	
Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements (If you do not check this box, your remittance statements will be sent to your e-mail address)	
Planta Commence Comme	
Block 5: Company Contact for High Cost Support Mechanism	
See Instruction Section	ın III.F
Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 6.	
34 First: Middle Initial: Last: 35	
Contact Name for High Cost Support Mechanism Title	
(Must be a company employee or designated representative)	
36 Contact Address for High Cost Support Mechanism	
37	
Address Line 2	
38 39 40 City State Zip Code	
41 <u>42 ()</u>	
Phone Number Exi Fax Number	
E-mail Address of Contact	

This page is for Low Income Support Mechanism participants only.

For more information about the Low Income Support Mechanism, please refer to:

www.universalservice.org/li/

······		
_	leals Co. Leave Income Owner and March Library Boulding and Despitation	<u></u>
	lock 6: Low Income Support Mechanism Banking and Remittance	
P	ayment Information	
		ction Section III.G
Re	mittance information is the address to which USAC will send payments.	
	Check this box if this information is the same as the Company Name (Block 1) and General Contact information (Block 2) and continue on to lines	54-56.
	New 2	
4	4 HTC Communications, LLC	•
	Remittance Company Name 5 First: Joni Middle Initial: Last: Jondon 46 Accountant	
•	First: Joni Middle Initial: Last: Jordan 46 Accountant Remittance Contact Name- Checks will be sent to Remittance Contact's attention Title	•
4	7 3480 Hwy. 701 North	
	Remittance Address	
4		
	Address Line 2	
4	Conway 50 SC 51 29526	
E.	City State Zip Code 2 (843) 369 - 8(38 53 (843) 365 - 1999	
Ų,	2 (843) 369 - 8138 53 (843) 365 - 1999 Phone Number Ext Fax Number	
5		
	Remittance Bank for ACH or locked box transfer of funds	
5	56 56	
_	Bank Account Number for ACH ACH Bank transit Number (must be nine digits)	
5		
	E-mail Address of Remittance Contact (Required if participating in the Low Income Support Mechanism)	
	Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements	
	(If you do not check this box, your remittance statements will be sent to your e-mail address)	
	(iii) you do not an o book your reminding statements this by sailt to you a must addressly	
R	ock 7: Company Contact for Low Income Support Mechanism	
_	· · · · · · · · · · · · · · · · · · ·	ction Section III.H
	out many	CLOT COOLOT III.
	Check this box if this information is the same as the General Contact Information (Block 2) and continue on to Block 8.	
5	3 First: Middle Initial: Last: 59	
	Contact Name for Low Income Support Mechanism Title	
60	(Must be a company employee or designated representative)	
O	Contact Address for Low Income Support Mechanism	
6		
_	Address Line 2	
6:		
	City State Zip Code	
6		
6	Phone Number Ext Fax Number	
9	E-mall Address of Contact	
_	- Alitari	

This page is for Rural Health Care Support Mechanism participants only. For more information about the Rural Health Care Support Mechanism, please refer to: www.rhc.universalservice.org/ Block 8: Rural Health Care Support Mechanism Banking and Remittance Payment Information See Instruction Section III.I Remittance information is the address to which USAC will send payments. Check this box if this information is the same as the Company Name (Block 1) and General Confact information (Block 2) and continue on to lines #78-80. Remittance Company Name 69 First: Middle Initial: Last: Remittance Contact Name- Checks will be sent to Remittance Contact's attention Remittance Address 72 Address Line 2 73 Zip Code City State 76 Phone Number Fax Number 78 Remittance Bank for ACH or locked box transfer of funds ACH Bank transit Number (must be nine digits) Bank Account Number for ACH E-mail Address of Remittance Contact (Required if participating in the Rural Health Care Support Mechanism) Check this box it you are requesting mailed paper copy statements instead of electronic remittance statements (If you do not check this box, your remittance statements will be sent to your e-mail address) Block 9: Company Contact for Rural Health Care Support Mechanism See Instruction Section III.J Chack this box if this information is the same as the General Contact information (Block 2) and continue on to Block 10. Middle Initial: Last: Contact Name for Rural Health Care Mechanism -Title (Must be a company employee or designated representative) Contact Address for Rural Health Care Support Mechanisi 85 Address Line 2 86 Zip Code City State

Fax Number

89

91

Phone Number

E-mail Address of Contact

Ext

This page is for Schools and Libraries Support Mechanism participants only. For more information about the Schools and Libraries Support Mechanism, please refer to: www.sl.universalservice.org/ Block 10: Schools & Libraries Support Mechanism Banking and **Remittance Payment Information** See Instruction Section III.K Remittance information is the address to which USAC will send payments. Check this box if this information is the same as the Company Name (Block 1) and General Contact Information (Block 2) and continue on to lines # 102-104. Remittance Company Name 93 First: Middle Initial: l ast Remittance Contact Name- Checks will be sent to Remittance Contact's attention Remittance Address 96 Address Line 2 City State Zip Code 100 (101 (Phone Number Fax Number Remittance Bank for ACH or locked box transfer of funds 103 Bank Account Number for ACH ACH Bank Transit Number (must be nine digits) E-mail Address of Remittance Contact (Required if participating in the Schools and Libraries Support Mechanism) Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements (If you do not check this box, your remittance statements will be sent to your e-mail address) **Block 11: Company Contact for Schools and Libraries Support Mechanism** See Instruction Section III.L. Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 12. Middle Initial: Contact Name for Schools and Libraries Mechanism Title (Must be a company employee or designated representative) 108 Contact Address for Schools and Libraries Support Mechanism 109 Address Line 2 110 Zip Code City State 113 Phone Number Fax Number

E-mail Address of Contact

Block 12: Notting Dichurgement Doymente A	gainst Fodoral Universal Service
Block 12: Netting Disbursement Payments A	gamst rederal universal Service
Contribution Obligations	
In accordance with FCC rule Part 54.515, USAC will offset service provided against the provider's Federal universal service contribution obligation at Support Mechanism distribution FCC rule Part 54.611, states that service must be netted; this is mandatory for participation in the Rural Health Ca companies that have their FCC Form 499 Filer ID number may participate have an FCC Form Filer ID number, visit www. universalservice.org/form be issued a SPIN.	t the provider's request. In addition, the Rural Health Care e provider Rural Health Care Support Mechanism payments are Support Mechanism. ONLY telecommunications te. If you provide telecommunications services and do not
Yes, I want my Schools and Libraries Support Mechanism universal service contribution obligations. This box must The default is "No."	
Block 13: Principal Communications Busine	ss Code [REQUIRED Field]
	See Instruction Section III.N
CAP - Competitive Access Provider/	OTHM - Other Mobile
Competitive Local Exchange Carrier	OTHT - Other Toll
CEL - Cellular/PCS/SMR	PAG - Paging/Messaging
DAT - Wireless Data	PAY - Payphone Service Provider
ISP - Internet Service Provider	PRE - Pre-paid Card
IXC - Interexchange Carrier	PRIV - Private Sector Provider
LEC - Incumpent Local Exchange Provider	SAT - Satellite
LRES - Local reseller	SMR-SMR dispatch
NTP - Non-Traditional Provider	TEN - Shared Tenant Service Provider
OSP - Operator Service OTHL - Other Local	TRES - Toll Reseller
OTAL - Other Local	
Choose ONE code from the list above. Enter Here. CAP	
Block 14: Authorized Contact Signature [All	Fields REQUIRED]
I understand that both the General Contact and an officer of the company mustor an officer of the company is authorized to make revisions to an exisiting FCC this information. I certify that I am authorized to submit this FCC Form 498 on of my knowledge that data set forth in this form is true, accurate, and complete it being returned to the General Contact and the form will not be processed. A the FCC Form 498 (Found on page 19 of instructions). Persons willfully makin forfeiture, under the Communications Act, as amended, 47 U.S.C. secs. 220(e) States Code, 18 U.S.C. Sec. 1001	See Instruction Section III.O at sign below for a new SPIN application. Only the General Contact C Form 498. No other persons are permitted to make changes to behalf of the above-named service provider, and certify to the best behalf of the above-named service provider, and certify to the best lincomplete information or incorrect filling of this form will result in certification letter on company letterhead must be attached with g false statements on this form can be punished by fine or
Signature of General Contact	Date / /
First: Sherri Middle Initial: O. Last: Jones Printed Name	
Printed Name	
Director - Corporate Accounting Title Signature of the Company Officer	Sherri.jones@htcinc.net E-mail address 4/28/08 Date
First: M. O'Neal Middle Initial: Last: Miller,	Jr.
Printed Name	
CFO	oneal.miller@htcinc.net
Title	E-mail address

Form W-9 (Rev. November 2005) Department of the Tressury

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

	Name (as shown on your income tax return)		
5	HTC Communications, LLC Business name. If different from above		
	5		
Print or type	Check appropriate box: ☐ Individual/ ☐ Corporation ☐ Partnership ☑ Other ► LLC ☐ Exempt from backup withholding		
¥	Address (number, street, and apt. or suite no.) Requester's name and address (optional)		
Ē,	P O Box 1820		
4	City, state, and ZIP code		
Š	Conway, SC 29528		
Sop	List account number(s) here (optional)		
P ₂	Taxpayer Identification Number (TIN)		
bac alle you	er your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid ckup withholding. For Individuals, this is your social security number (SSN). However, for a resident n, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is is remployer identification number (EIN). If you do not have a number, see How to get a TIN on page 3. 1. If the account is in more than one name, see the chart on page 4 for guidelines on whose		
חטוז	te. If the account is in more than one name, see the chart on page 4 for guidelines on whose here to enter. Employer identification number		
Pa	art II Certification		
Und	der penalties of perjury, I certify that:		
1.	1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and		
	I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and		
3.	I am a U.S. person (including a U.S. resident alien).		
with For arra	tification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup holding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement ngement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must vide your correct TIN. (See the instructions on page 4.)		

Purpose of Form

Signature of

U.S. person ▶

Sign

Here

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TiN) to report, for example, Income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident allen), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee.
- In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

• An individual who is a citizen or resident of the United States.

Data >

 A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

5-10-06

• Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

The U.S. owner of a disregarded entity and not the entity,



May 21, 2008

USAC Billing and Disbursement Attn: FCC From 498- Yolanda French 2000 L Street, N.W. Suite 200 Washington, DC 20036



I wish to request a new SPIN from USAC:

HTC Communications, LLC's wireless subsidiary has recently been designated as a CLEC-Eligible Telecommunications Carrier by the state of South Carolina. As required by the FCC, we are requesting a new SPIN be assigned.

I certify that I have provided the information on the attached Service Provider identification Number and Contact Information Form and to the best of my knowledge, information and belief, all information contained in this is true and that said form is an accurate statement of the affairs of the above-named provider.

Service Provider Number:

Signature

Date May 21, 2008

Printed name of Authorized person: M. O'Neal Miller, Jr.

Title or position of authorized person: Chief Executive-Financial Operations

Reason for New SPIN: Recently approved as a CETC in the state of South Carolina

Save:time	, avoid problems. File	e electronically at https://forms	universalservice org 👚 💉	Ann Line
CC Form 498 Approval by OMB 3060-0824				-0824
Service Pro		ation Number and Co		orm
universal service support med- all their program and remittar changes to this information on Persons willfully making false: s 503(b	hanisms. For greater flex note data collected for each a revised FCC Form 498 statements on this form or o), or fine or imprisonment	, and payment information for service ibility, this form allows service provide to the four support mechanisms, of to prevent any delays in notification an be punished by fine or forfeiture, tunder Title 18 of the United States	ders to use the same General Cont or multiple remittance addresses. In and the timeliness of disbursement under the Communications Act, 47 Code, 18 U.S.C. Sec. 1001.	tact information for Please report any nts on their behalf. YU.S.C. Secs. 502,
	ructions, located at: htt	p://www.universalservice.org/forr Please check one box below. Revision to existi	ms, before beginning this applicating Form 498 on file with USAC	ation.
L amental -			visions to an existing Form 498 by the General Contact or an office)	r
Service Provider Identific (To be inserted by USAC)		lequired for subsequent revisions		uction Section III.A
499 Filer ID S	O 6 9 9 4 r company is required to	o file the FCC form 499)		:
Block 1: General	Company Infor	mation [All Fields RE	EQUIRED]	
		L		ruction Section III.B
1 HTC Commu	unications. LLC			
Company Name				
2 HTC Commun	rications, LLC			
Name Company is Doing I	Business As (DBA) or For	merly Known As (FKA)		-
3 3480 Hwy. 71				
Street Address				•••
4				
Address Line 2				-
5 Conway	6 SC	7 29526		
City	State	Zip Code		_
				- <u> </u>
Block 2: Congral	Contact Inform	ation [All Fields REC	MURENT	
DIOCK Z. General	Contact milotin	iation [All ricids ned		and a second and a second
			See instr	uction Section III.C
nechanisms. Only the General evisions, if the current General	Contact listed below can Contact is no longer avail	y authorized to make certifications of change the remittance information lable, the letter of certification must; state the name of the new contact;	for any of the four support mechan : State the name of the former cont	isms. For act; state that the
8 First: Sherri	Middle Initial: O.	Last: Jones	9 Director	
General Company Contact		2001. 001.703	Title	-
10 (843) 369-838		11 (843) 365-1999	7.110	
Phone Number	Ext.	Fax Number		-
12 3480 Hwy. 70	1 North			
Street Address	<u> </u>			•••
13				
Address Line 2				
14 Conway	<u> 15 SC </u>	16 29526		_
City	State	Zip Code	-	
17 Sherri jones @	htcinc.net			[
E-mail Address of General				
Block 3: Federal E	Employer Ident	ification Number [All	Fields REQUIREDI	
				
18 65 - 127-	1508	19 Corporation	Partnership VOther	г
Foter Federal Identification	Number, or Tax ID Numl	her (Check applicable	e corporate structure.)	